

FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90126 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02077

1. Corporation Name
THE BAY OAK VILLAS TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business 4233 SPANISH TRAIL PLACE PENSACOLA FL 32504 US	Mailing Address 4233 SPANISH TRAIL PLACE PENSACOLA FL 32504 US
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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 03/09/1984
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2681634
22. City & State	27. City & State	Applied For. Not Applicable
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WILSON, ROBERT 4233 SPANISH TRAIL PLACE PENSACOLA FL 32504	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
85. Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert L. Wilson* Robert Wilson, President 1-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, MARGARET	1.2 NAME	<i>Flowers, Margaret</i>
STREET ADDRESS	4224 SPANISH TR. PLACE	1.3 STREET ADDRESS	<i>4224 Spanish Trail Place</i>
CITY-ST-ZIP	PENSACOLA FL 32504	1.4 CITY-ST-ZIP	<i>Pensacola, FL 32504</i>
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JOANE	2.2 NAME	
STREET ADDRESS	4207 SPANISH TRAIL PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THARP, JEAN	3.2 NAME	
STREET ADDRESS	4238 SPANISH TRAIL PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ROBERT	4.2 NAME	
STREET ADDRESS	4233 SPANISH TR PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Flowers* SIGNATURE REQUIRED: *Margaret Flowers, Treasurer* 1-7-99 850-476-8095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)